

COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

Cancellation of Certificate of Limited Partnership C (Domestic Limited Partnership)

CLP

Pursuant to the provisions of KRS 14A and KRS Chapt of limited partnership on behalf of the limited partnership statements:			
The name of the limited partnership is	be identical to the name	e on record with the Secretary o	f State.)
2. The date of filing of the certificate of limited partners	hip is		
This application will be effective upon filing, unless a or the delayed effective date cannot be prior to the date		led. The date and/or time is	
4. The reason for filing the certificate of cancellation is:			and/or time)
5. Any other information as determined by the general	partners:		
I/We declare under penalty of perjury under the laws of	f Kentucky that the fo	orgoing is true and correct.	
Signature of General Partner	Printed Name	Title	Date
Signature of General Partner	Printed Name	Title	Date

FILING INSTRUCTIONS CANCELLATION OF CERTIFICATE OF LIMITED PARTNERSHIP

NAME

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

DATE OF FILING

State the date that the limited partnership registered to transact business in Kentucky.

WHO MAY SIGN

The document must be signed by all general partners.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

EFFECTIVE DATE AND TIME/DELAYED EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90th day after the date of filing.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

FILING FEE

The filing fee for this document is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Elaine N. Walker Office of the Secretary of State PO Box 718 Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building 700 Capital Avenue Frankfort, KY 40601

Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION

If you have any questions, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.